

Appendix A

Ambulance Codes

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HCFA Common Procedural Coding System (HCPCS) Codes

Ambulance providers should only use the HCPCS codes listed below in accordance with billing instructions of the North Carolina Medicaid program.

Ground BLS

Procedure Code	Description
A0322	Basic life support (BLS), ambulance service, <u>emergency</u> transport, supplies included, mileage separately billed. Condition codes in form locator 24-30 on the UB-92 claim form should justify the medical necessity for BLS transport.
A0380	Basic life ground mileage (per mile) outside base area

Ground ALS

Procedure Code	Description
A0326	Advanced Life Support (ALS) <u>non-emergency</u> transport, specialized ALS services rendered, supplies included; mileage billed separately. The recipient has a “keep vein open” (KVO) intravenous (IV) as well as other ALS monitoring.
A0330	Advanced life support (ALS) <u>emergency</u> transport, specialized ALS services rendered, supplies included, mileage billed separately. The recipient has an IV <u>initiated</u> with the administering of fluids and/or life sustaining drugs in addition to other ALS services.
A0390	Advanced life support (ALS) mileage (per mile) outside base area; one-way

Non-emergency Medically Necessary

Procedure Code	Description
A0320	<u>Non-emergency</u> transport, BLS, ambulance service, supplies included, mileage billed separately, one-way base rate. Condition codes in form locator 24-30 should justify the medical necessity for non-emergent transport.
A0324	<u>Non-emergency</u> transport, ALS, ambulance service, no specialized ALS services rendered, supplies included, mileage billed separately; one-way base rate. Condition codes in form locator 24-30 should justify the medical necessity for non-emergent transport.
A0090	<u>Non-emergency</u> mileage outside base area; one-way
A0326	Advanced Life Support (ALS) <u>non-emergency</u> transport, specialized ALS services rendered, supplies included; mileage billed separately. The recipient has a “keep vein open” (KVO) intravenous (IV) as well as other ALS monitoring.
Y0001	<u>Non-emergency</u> transport, round trip. Condition codes in form locator 24-30 should justify the medical necessity for non-emergent transport

Air ALS

Procedure Code	Description
A0040	Helicopter, lift off
Y0050	Helicopter, per nautical mile
Y0060	Fixed Wing, lift off
Y0070	Fixed Wing, per nautical mile.

State to State Placement *

Procedure Code	Description
Y0002	Ground ambulance. State to State Placement, Prior Approval required, base rate one-way. Condition codes not required
Y0003	Fixed wing, lift off. State to State placement, Prior Approval required
Y0004	Helicopter, lift off. State to State placement, Prior Approval required
Y0050	Helicopter, per nautical mile
Y0070	Fixed Wing, per nautical mile.

A corresponding RC code listed in form locator 42 is required for each ambulance HCPC code in form locator 44.

* **Reminder:** PA required before the service is rendered. PA is active for 30 days.

Revenue Codes (RC)

Ambulance providers should only use the codes listed below in accordance with billing instructions of the North Carolina Medicaid program.

Revenue Code	Description
RC540	Ambulance general classification
RC542	Ambulance/medical transport
RC543	Ambulance/heartmobile
RC544	Ambulance/oxygen
RC545	Air Ambulance
RC546	Ambulance/neonatal
RC001	Total charges

The applicable RC code is entered in form locator 42 on the UB-92 claim form. Every RC code entered in form locator 42 must have a corresponding HCPC code in form locator 44.

Condition Codes

Weather, Traffic, Circumstances

Condition code	Description
81	Weather, road or traffic conditions cause a delay: Enter this code when there are specific traffic conditions or obstacles (snow and ice, closed road, etc.) which would present a delay in the recipient's access to needed care. Enter the specific traffic condition or obstacle in the remark section of the claim.
82	Time needed to transport poses a threat: Enter this code when the time required to transport the recipient by land endangers the recipient's life or health. As a general guideline, when land transport requires 30-60 minutes.
83	No beds available at transporting hospital: Enter this code when the recipient requires admission and there are no beds available at the transporting hospital.
84	No beds available at nearest hospital: Enter this code when the recipient is transported to other than the nearest hospital because no beds are available at that hospital.
85	Transporting hospital unable to provide required treatment: Enter this code when the recipient requires specialized treatment and/or physician is unavailable at the transporting hospital
86	Nearest hospital unable to provide required treatment: Enter this code when the recipient requires specialized treatment and/or physician which is unavailable at the nearest hospital as well as the transporting hospital.
89	Medicare non-covered service or does not meet Medicare criteria: This code is used for those recipients covered by both Medicare and Medicaid. If the Medicare service is non-covered or does not need Medicare criteria, no voucher is necessary when submitting claim to Medicaid.

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Condition Codes, Continued

Situations

Condition code	Description
90	Situation: Accidents/acute injuries/trauma (e.g., fractures, crushing injuries, obvious multiple injuries, burns, near drowning, poisoning)
91	Situation: Overdose
92	Situation: Acute Illness Identifies sudden onset, relatively severe course (e.g., sudden altered level of conscious or mental status, severe chest pain, paralysis)
93	Situation: OB (delivery or crowning)/Rape (with or without evidence of hemorrhage or other trauma)
94	Situation: Chronic illness with an acute episode (such as prolonged or witnessed seizures, unstable symptomatic blood sugar, respiratory distress)
95	Situation: Transfer requiring stretcher for recipients unable to travel by another means for transfer for medical services

Qualifying Criteria

Condition code	Description
96	Qualifying criteria: Use of gauze pads/bandages; horizontal immobilizers, splints, or restraints for combative recipients
97	Qualifying criteria: Administration of Medication(s), IV's, Venous blood draws, EKG, anti-shock measures, CPR, defibrillating, establish and maintain an airway, pacing, cricothyrotomy, nebulizer and/or needle thoracostomy
98	Qualifying criteria: Unstable vital signs monitored enroute, O₂ applied and/or blood glucose monitored

Note:

- enter condition codes in form locators 24 – 30
 - list at least one (1) condition code from 90 – 98
 - list as many codes as needed to describe need for ambulance and services rendered
 - call report must substantiate all listings
 - code should reflect type of transport rendered
- Examples: If basic life support is rendered the codes should support basic life support conditions. If advanced life support is being rendered, the codes should support advanced life support conditions.